



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

CONSULTATION SERVICES

Effective Date: August 22, 2006

Policy #: TX-05

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- I. PURPOSE:** To ensure provision of consultation and specialized treatment services for Montana State Hospital patients.
- II. POLICY:** Montana State Hospital will provide consultation and treatment services when the attending practitioner determines these services are needed. These services may be provided through consultation between practitioners within the hospital, or with outside medical providers.
- III. DEFINITIONS:**
 - A. Consultation - Communication between two or more physicians or other professionals to evaluate the nature and progress of an illness or disease in a particular patient in order to establish a diagnosis, prognosis or recommendation for treatment.
- IV. RESPONSIBILITIES:**
 - A. The dentist or practitioner (attending physician or advanced practice registered nurse) writes an order stating rationale for consultation.
 - B. The Ward Nurse is responsible for executing the Doctor's order.
 - C. The Medical Clinic Nurse is responsible for prioritization of requests for Medical Clinic Services, scheduling appointments, and preparing billing information.
 - D. The Dental Assistant is responsible for prioritization of requests for Dental Services, scheduling patients for the dental clinic, and preparing billing information.
 - E. The Health Information Department is responsible for coding the Clinical Event billing document and routing to billing department for in-house services.
 - F. The Business Office is responsible for determining payment sources.
 - G. The Medical Director or designee is responsible for approval of outside consultations.
 - H. The Staffing Office is responsible for arranging outside patient appointments and transportation.
- V. PROCEDURES:**
 - A. Medical Clinic Consultations
 - 1. A doctor's order is required stating the specific reason for the appointment.
 - 2. The unit nurse will acknowledge the order and call the Medical Clinic to

schedule an appointment (no consultation required). If the Medical Clinic Nurse is unavailable, a voice mail message may be left with the specific reason for the appointment stated. Information should include signs and symptoms and as much specific information as possible for the appointment.

3. In the event of a medical emergency, immediately page the physician directly rather than calling the Medical Clinic.
4. The Medical Clinic Nurse will prioritize and schedule patient appointments for Medical Clinic. The Medical Clinic Nurse will call units prior to 0900 every morning, Monday through Friday, to verify and schedule appointments. Hours will be adjusted based on patient need and physician availability.
5. The physician will document findings and recommended treatment on the **Physician's Notes** located in the **Consults** section of the medical record.
6. Clinical event, (billing document) will be completed by the attending practitioner and forwarded to Health Information.

B. Dental Office Consultations

1. The unit nurse will place a call to the Dental Clinic to schedule an appointment. A message may be left on the voice mail of the Dental office.
Regular Dental Clinic Hours are 0800 -- 1600 Tuesday and Wednesday. Dental Hygiene Clinic Hours are 0800 -- 1600, Friday.
2. Referrals to the Dental Hygiene Clinic are ordered by licensed nursing staff.
3. The Dental Assistant will schedule patient appointments into Dental Clinic and Dental Hygiene Clinic. Priority will be given to emergencies. The Dental Assistant will notify the ward of appointment times.
4. The Dentist and Dental Hygienist will document in the Dental Chart, found in the History and Physical Section of the medical record.
5. The Dental Assistant will complete the Dental Service Slips for processing by staff in Health Information. The Dentist is required to sign the service slips.

C. For Outside Consultation SERVICES

1. Referral by Attending Practitioner
 - a. the attending practitioner will write an order for the outside consultant in the medical record.
 - b. the nurse will acknowledge the physician's order(s),
 - c. complete Section I of the Consultation Request Form
 - d. Section II will be completed by the referring physician
 - e. completion of Consent Information Form (when indicated) by nurse and attending practitioner,

- f. forward Consultation Request Form and Consent Information to the Medical Director or designee.
 - g. In case of emergency, fill out a consultation form after the incident and forward as usual.
 - 2. Referral by Dentist for Outside Consultation
 - a. The Dentist will write an order for the outside consultant in the patient chart.
 - b. Section II of the outside consultation form is completed by the Dentist.
 - c. The unit nurse will acknowledge the dentist order by completing Section I of the consultation form.
 - d. Completion of the Consent Information Form (when indicated) by nurse and practitioner.
 - e. Forward Consultation Request Form and Consent Information Form to the Medical Director or designee.
 - 3. The Medical Director or designee will
 - a. Approve/disapprove and forward the form to the Business Office if approved. The attending practitioner will be notified by the Medical Director or designee of any disapproved forms which will be returned to the referring practitioner.
 - 4. Business Office will:
 - a. determine payment source
 - b. provide cost estimate for services
 - c. route requests to Staffing Services
 - 5. Staffing Services will:
 - a. schedule the outside appointment
 - b. notify licensed nurse on the patient's treatment program with details for appointment
 - c. arrange for escorts and transportation
 - d. make sure escort(s) have the completed Consent Information Form, Consultation Request Form, and any additional patient records as indicated on the Consultation Request
- D. Consultation results and reports received from services provided will be routed to the attending provider, then filed in the patient's chart.

VI. REFERENCES: None

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- Ed Amberg _____ / /
Hospital Administrator Date

_____/_____/_____
Thomas Gray, MD Date
Medical Director

**MONTANA STATE HOSPITAL
CONSULTATION REQUEST**

*** Applies only to outside medical services**

☐ Outside medical services ☐ Routine ☐ Urgent

SECTION I

NAME:

HOSPITAL #:

DATE OF ADMISSION:

BIRTHDATE:

FUNDING:

UNIT:

DATE:

DIAGNOSES:

AXIS I:

AXIS II:

AXIS III:

ALLERGIES:

CURRENT MEDICATIONS:

SECTION II Consulting Physician

Referring Physician

Reason for Consultation:

Specific Questions for Consultant:

Signature Of Referring Physician

Medical Director/Designee

Date

***INFORMATION TO BE SENT WITH PATIENT** ☐ Consent Information Form

☐ Complete Packet ☐ Lab Reports ☐ X-Ray Reports ☐ Other

SECTION III

CONSULTATION DATE:

CONSULTANT'S RESPONSE (Return to Consulting Physician)

IMPRESSION:

RECOMMENDATIONS:

Consultant's Signature

MONTANA STATE HOSPITAL
CONSENT INFORMATION FORM

**Note to provider: The following information is provided to aid you in obtaining informed consent for patients referred to you by Montana State Hospital.*

PATIENT'S NAME: _____ HOSPITAL #: _____

GUARDIAN:

_____ Name	_____ Relationship to patient
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_____ Address

_____ Phone Number

Responsible Party

_____ Name

_____ Address

_____ Phone Number

Montana State Hospital Contact:

_____ Name

_____ Phone Number

COMPETENCY STATEMENT

The above-named patient is being transferred to _____
for _____
Name of Hospital/Physician
procedure/treatment

_____ He/She is competent to give consent for the procedure/treatment

_____ He/She is not competent to make medical decisions and has been
assigned a guardian.

Date

Psychiatrist's Signature

Outside Consultation Evaluation

Please complete and return to the Med Clinic Nurse Manager.

- *This form is to be done whenever an outside service is ordered.*
- *Parts 1,2 and 3 are to be filled out by the nurse or ward clerk who initiate the consult and then placed in a designated notebook on each unit.*
- *The physician (LIP) who orders the service is responsible for completing parts 4,5,6 and 7.*

1. Patient:

2. Date the service ordered:

3. Provider/Type of service:

4. Date information received:

5. Was the service satisfactory?

6. Was the service timely?

7. Was the information legible?